



B IFW
93

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/084,575	
	Filing Date	2/27/2002	
	First Named Inventor	Nair et al	
	Art Unit	1651	
	Examiner Name	Christopher Tate	
Total Number of Pages in This Submission	7	Attorney Docket Number	NP4039.1.P2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div>return postcard</div>
Remarks Replacement drawings Figures 1 - 8 (5 pages)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lynn Schwenning
Signature	
Date	July 1, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Typed or printed name	Ramona Gerke		
Signature		Date	7/1/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/084,575
Applicant : Nair et al.
Filed : February 27, 2002
Title : Dietary Food Supplement Containing Natural Cyclooxygenase Inhibitors and
Methods for Inhibiting Pain and Inflammation

Group Art Unit: 1615
Examiner : Christopher Tate

Docket No. : NP4039.1.P2

MAIL STOP AMENDMENT
Honorable Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

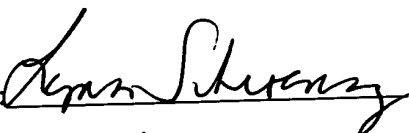
TRANSMITTAL OF CORRECTED DRAWINGS

Dear Sir:

This is in response to the Notice of Allowance dated April 6, 2004. Changes to the drawings have been made to comply with the Examiner's comments. Replacement drawing Sheets 1-5 are enclosed. Accordingly, applicant respectfully submits that the case is in condition for allowance.

Dated: July 1, 2004

Respectfully submitted,

By 

Lynn Schwenning
ALTICOR INC.
Registration No. 37,233
7575 Fulton Street East
Ada, Michigan 49355
(616) 787-7303
(616) 787-9027 (fax)